

**SAN DIEGO UNIFIED SCHOOL DISTRICT**

**Date:** January 7, 2014

**To:** School Principals, Division and Department Heads, Child Development Center Administrators, and San Diego Education Association Representatives

**Subject:** REDUCED WORKLOAD PROGRAM

**Department and/or Persons Concerned:** Certificated Staff

**Due Date:** March 1, 2014

**Reference:** Education Code Sections 44922 and 22713; Article 31 of Collective Negotiations Contract between the San Diego Unified School District and the San Diego Education Association (SDEA)

**Action Requested:** Please disseminate information regarding the Reduced Workload Program. Interested certificated employees should submit enrollment packet as described below.

**Brief Explanation:**

The Reduced Workload Program specified in Education Code Sections 44922 and 22713 and Article 31 of the Collective Negotiations Contract allows eligible unit members to reduce their workload to no less than half-time, and purchase the same credit toward retirement under the California State Teachers' Retirement System (CALSTRS) that a unit member would have received if he/she had been employed on a full-time basis. Although earnings are reduced when participating in this program, unit members and the district contribute an amount which is based upon a full-time salary. Unit members who enter this program may continue to participate for a maximum of ten (10) school years at which time the unit member is required to resign.

**MAXIMUM PARTICIPATION**

In accordance with state law, the number of unit members participating in this program is unlimited.

**ELIGIBILITY**

A participating unit member must have reached the age of 55 prior to July 1 of the school year in which the employee proposes to commence the reduced workload. The CALSTRS service credit calendar begins July 1 and ends June 30 of each year.

A participating unit member must have been employed as a full-time certificated employee in California for at least ten years, of which the last five years were in full-time certificated employment in the San Diego Unified School District. Prior leaves of absence shall not constitute a break in service. Time spent on leaves of absence will not be counted toward the five-year requirement.

Unit members participating in the Public Employees Retirement System (PERS) are not eligible to participate in the CALSTRS Reduced Workload Program.

A participating unit member must have received an effective evaluation during his/her most recent evaluation period in order to be considered for the program. Exceptions to this requirement may be granted by mutual agreement between the district and SDEA.

#### CONDITIONS OF PARTICIPATION

Unit members participating in the Reduced Workload Program who are assigned to self-contained classrooms will be required to work an equal amount of time in both semesters of a school year. The amount of time is dependent upon the percentage of the unit member's reduced workload assignment. This time may be served in full or partial day increments.

All other unit members participating in the Reduced Workload Program will be required to be on duty an amount of time equal to the percentage of the unit members' reduced workload assignment.

The provisions of Article 12, Transfer Policies, shall not apply to unit members participating in the Reduced Workload Program. Reduced Workload Unit members may participate in the post and bid and transfer process by mutual agreement between the Association and the District.

Participating unit members shall be evaluated in the same manner provided for all other unit members under Article 14, Performance Evaluation Provisions, except that the evaluation process for unit members who are assigned for one complete semester of full-time service and one semester off per school year, shall be condensed to provide for a final summary evaluation to be provided to the unit member no later than fifteen (15) calendar days prior to the final day of service for the semester in which the unit member is assigned to be on duty.

#### HEALTH / EMPLOYEE BENEFITS

Unit members participating in the Reduced Workload Program will earn sick leave on a pro-rata basis.

District and certificated employee contributions to CALSTRS shall be equal to the amount required for a full-time employee. (Employment taxes such as Medicare, federal and state income taxes will be based on the employee's actual earnings).

Participating unit members shall maintain their district-paid health and welfare benefits for the full school year as provided under Article 9 of the SDEA contract. Health and welfare benefits are not transferable from a reduced workload participant to a job share partner, Section 31.4.6.

Participating unit members are eligible for advancement on the salary schedule in the same manner provided for other part-time employees (SDEA Contract, July 1, 2010 through June 30, 2013, Salary Rules, Appendix A, Section 4.02).

#### FORFEITURE OF RETIREMENT CREDIT

If a unit member participating in the Reduced Workload Program performs service that is less than half-time, he/she shall lose eligibility for the program for that particular school year. In addition, if it is found by CALSTRS that a participating unit member failed to meet the minimum eligibility criteria set forth by the Education Code, his/her participation in the program shall be considered a break in service, resulting in a loss of retirement credit and permanently disqualifying the employee from future participation in the Reduced Workload Program.

#### ENROLLMENT PROCEDURE

Unit members desiring to participate in the Reduced Workload Program must submit an enrollment packet to the Human Resource Services Division no later than March 1, 2014 in order to reduce their workload for the subsequent school year. A unit member applying to participate in the

Reduced Workload Program may file an enrollment packet identifying a job share partner. Job Share partners must have permanent status with the district, possess appropriate credentials for the proposed assignment, and have an effective rating on all elements of the most recent evaluation.

The option to participate in the Reduced Workload Program shall be exercised only upon the request of the unit member and can be revoked only by mutual consent of the unit member and the district.

Each participant must complete and sign a Reduced Workload Agreement (Attachment 1), the Reduced Workload Program Enrollment form (Attachment 3), Health Benefits form (Attachment 4 only if you have a job share partner), review Tenthly Pro-Rata Rate Chart for Job Share Assignments (Attachment 5) and the Site Administered calendar for either a Traditional or Year-round school schedule (school calendars will be available prior to the commencement of the school year). These forms can also be printed from the Reduced Workload Circular found at the district's web page at ([www.sandi.net](http://www.sandi.net)) under Staff, then Administrative and then click on Bulletins and Circulars.

Please send Reduced Workload Enrollment packets or questions to:

Eugene Brucker Education Center  
4100 Normal Street, Room 1241  
San Diego, CA 92103

Area 1(temporary), 2 and 4  
Ester Victorio

(619) 725-8114 or [evictorio@sandi.net](mailto:evictorio@sandi.net)

Area 3 (temporary), 5 and 6  
Penny Hempstead

(619) 725-8105 or [phempstead@sandi.net](mailto:phempstead@sandi.net)

Special Ed. Counseling, Nursing, VAPA, PE, ECE  
Ann Cato

(619) 725-8032 or [acato@sandi.net](mailto:acato@sandi.net)

Questions regarding retirement contributions and regulations may be addressed to Lorena Arciga, at (619) 725-7678. Questions regarding health benefits may be addressed to Employee Benefits, at (619) 725-8130.

APPROVED:



Bernadette Nguyen  
Interim Chief Human Resource Officer

BN:ev  
Attachments (5)

Distribution: Lists A, C, D, E, F, H and S



**REDUCED WORKLOAD AGREEMENT FISCAL YEAR 2014-2015**  
**(Required by California State Teachers, Retirement System)**

Print Name	Employee ID Number	School Location #/ Name
E-mail Address		Phone Number

Pursuant to Education Code Section 44922, and in accordance with the Collective Negotiations Contracts, I agree to perform my teaching service on the following part-time basis **with full retirement credit**:

Percentage of participation must be a minimum of 50% (Refer to attachment 2 scale). Indicate percentage below.

\_\_\_\_\_ Percent pay. Number of Months normally paid: **10** or **12** (Circle One).

1. Participation in the program will begin July 1 and end June 30 close of day for the fiscal year.
2. The required days of service will be \_\_\_\_\_ will commensurate compensation not less 50% of the salary rate for the school year (Refer to attachment 2 CalSTRS scale).
3. Unit members continuing in the Reduced Workload Program express their intent of participation each year by submitting the reduced workload agreement and applicable calendar.
- 4. Contributions to CALSTRS shall be based on the full-time salary amount and not reduced workload earnings.**
5. Any leave without pay that would reduce earnings below 50% will void participation in this program.
6. Retirement before the "normal" close of the contract school year will void participation for the final year. Service credit will be adjusted accordingly. (If employee resigns prior to the end of a school year and does not complete the minimum days required, a full year of retirement credit will not be earned for that year).
7. If you have a job share partner, please complete attachments 3 and 4.
8. In the event you are transferred to a different location, please make sure the new administrator receives a copy of this agreement.

**Employees may not change percentage or withdraw from the program once approved by CALSTRS and after commencement of the fiscal year. I acknowledge and agree to the terms in this agreement.**

Employee's Signature _____	Date: _____
Administrator's Signature: _____	Date: _____

**FOR HR USE ONLY**

	AC _____	EV _____
HRO SIGNATURE _____	PH _____	TBD _____

# CalSTRS

## Reduced Workload Program

### ELIGIBILITY REQUIREMENTS

1. Reduced Workload Program participation board approved.
2. Attained age 55 prior to the Reduced Workload Program effective date.
3. Must have at least 10 years of service credit in a certificated position.
4. Employed in a full-time position for five years immediately preceding the Reduced Workload
5. Salary not greater than that of:
  - School principal (K–12)
  - No limit (community college)
6. Agreement:
  - Exists between employer and participant.
  - Is initiated at the beginning of the school year and concluded at the end of the school year.
  - May be revoked by consent of both parties.
  - Has not been in effect for more than 10 years.
  - Requires participant to work at least 50 percent of full time.

***Note: If the response to any of the above items is “no,” the employee may not be eligible to participate in the Reduced Workload Program***

**Below is a table for the number of days to work based on percentage**

If you have any questions Call Lorena Arciga 619-725-7678.

182 Day Contract	
Percentage	Days to Work
50	91
55	100
60	109
65	119
67	122
70	127
75	137
80	146
85	155
90	164
95	173



***REDUCED WORKLOAD PROGRAM/JOB SHARE PARTNER ENROLLMENT FORM***

*School Year 2014 - 2015*

**REDUCED WORKLOAD EMPLOYEE**

Name \_\_\_\_\_ Employee ID # \_\_\_\_\_  
Street Address \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_  
City, State and Zip Code \_\_\_\_\_ Present Site Location \_\_\_\_\_  
E-mail Address \_\_\_\_\_

**PROPOSED INSTRUCTIONAL SCHEDULE**

Grade Level/Assignment/Program: \_\_\_\_\_ School site: \_\_\_\_\_  
RWL Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**JOB SHARE PARTNER**

Name \_\_\_\_\_ Employee ID # \_\_\_\_\_  
Street Address \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_  
City, State and Zip Code \_\_\_\_\_ Present Site Location \_\_\_\_\_  
E-mail Address \_\_\_\_\_

**PROPOSED INSTRUCTIONAL SCHEDULE**

Grade Level/Assignment/Program: \_\_\_\_\_ School site: \_\_\_\_\_  
Job Share Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please ensure that the calendar reflects a minimum of 50% of your current work year. I agree to the requirements of the program as described in Article 31 of the Collective Negotiations Contract. I further understand that I shall be required to resign upon conclusion of the tenth year of participation in the program.

Site Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HR Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Reduced Workload \_\_\_\_\_%      Job Share % \_\_\_\_\_      School Year \_\_\_\_\_

**HEALTH BENEFITS FOR JOB SHARE  
PARTNER TO COMPLETE A REDUCED  
WORKLOAD ASSIGNMENT**

The following conditions apply in a job share assignment partner with a reduced workload partner:

1. Job share employees must pay for medical, dental, and/or vision coverage on a tenthly pro-rata basis, if coverage is desired.
2. Job share employees who elect coverage under any district-sponsored medical, dental and/or vision plan must make the required tenthly pro-rata contribution for the plan(s) selected through the end of the calendar year. If coverage continues into a subsequent calendar year, the required tenthly pro-rata contribution must be continued through the end of that calendar year.
3. District-paid basic life insurance coverage will remain in effect for a job share employee who is in paid status in a monthly salaried position. The benefit is equal to one times the annual salary.
4. Employees who elect not to participate in coverage under this provision will be eligible to enroll either on the first of the month following the first day of paid service in an assignment which is not a job share assignment or on the first of the month following the start of a new job share assignment.

**To be completed by job share partner:**

In accordance with the conditions specified above, as a job share partner, I agree to the following acceptance of the benefits package:

**PLEASE NOTE: A job share partner participating in a specific benefit (i.e., medical), will pay a pro-rata share of the cost of coverage equivalent to their own position. (Pro-rata rate chart attached.) Even if you waive benefits please fill out this form.**

Name of Work Location \_\_\_\_\_

**Job Share Partner**

	<b>Participate</b>	<b>Waive</b>
<b>Medical</b>	_____	_____
<b>Dental</b>	_____	_____
<b>Vision</b>	_____	_____

<b>Office Use Only</b>  _____ _____ _____
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**Job Share Partner** \_\_\_\_\_

Print Name

\_\_\_\_\_  
EMPID #

\_\_\_\_\_  
Signature/Date

**MEDICAL PLANS TENTHLY PRO RATA RATE CHART BY TIER**

For Teachers in Job Share Assignments

Rates Effective January 1, 2014 through December 31, 2014

Medical Plans									
HMO Network 1			HMO Network 2			HMO Network 3			
% of Full-Time Contract	Employee Only	Employee + Dependent	Family	Employee	Employee	Employee	Employee Only	Employee + Dependent	Family
20	\$527.20	\$1,041.57	\$1,462.26	\$676.86	\$1,340.64	\$1,883.66	\$741.28	\$1,469.74	\$2,065.74
30	\$461.30	\$911.37	\$1,279.48	\$592.26	\$1,173.06	\$1,648.21	\$648.62	\$1,286.03	\$1,807.53
40	\$395.40	\$781.18	\$1,096.70	\$507.65	\$1,005.48	\$1,412.75	\$555.96	\$1,102.31	\$1,549.31
50	\$329.50	\$650.98	\$913.91	\$423.04	\$837.90	\$1,177.29	\$463.30	\$918.59	\$1,291.09
60	\$263.60	\$520.79	\$731.13	\$338.43	\$670.32	\$941.83	\$370.64	\$734.87	\$1,032.87
70	\$197.70	\$390.59	\$548.35	\$253.82	\$502.74	\$706.37	\$277.98	\$551.15	\$774.65
80	\$131.80	\$260.39	\$365.57	\$169.22	\$335.16	\$470.92	\$185.32	\$367.44	\$516.44
90	\$65.90	\$130.20	\$182.78	\$84.61	\$167.58	\$235.46	\$92.66	\$183.72	\$258.22
PPO - Single			Kaiser						
% of Full-Time Contract	Employee Only	Employee + Dependent	Family	Employee Only	Employee + Dependent	Family			
20	\$673.44	\$1,316.20	\$1,840.18	\$480.03	\$948.30	\$1,337.17			
30	\$589.26	\$1,151.67	\$1,610.16	\$420.03	\$829.77	\$1,170.02			
40	\$505.08	\$987.15	\$1,380.14	\$360.02	\$711.23	\$1,002.88			
50	\$420.90	\$822.62	\$1,150.11	\$300.02	\$592.69	\$835.73			
60	\$336.72	\$658.10	\$920.09	\$240.02	\$474.15	\$668.58			
70	\$252.54	\$493.58	\$690.07	\$180.01	\$355.61	\$501.44			
80	\$168.36	\$329.05	\$460.05	\$120.01	\$237.08	\$334.29			
90	\$84.18	\$164.52	\$230.02	\$60.00	\$118.54	\$167.15			
Dental Plans			Vision Plan						
% of Full-Time Contract	Delta PPO	DeltaCare USA	Western Delta	% of Full-Time Contract	VSP				
20	\$83.14	\$32.29	\$25.83	20	\$8.16				
30	\$21.00	\$14.70	\$10.29	30	\$7.14				
40	\$24.00	\$24.22	\$14.53	40	\$6.12				
50	\$51.96	\$25.98	\$12.99	50	\$5.10				
60	\$24.00	\$9.60	\$14.86	60	\$4.08				
70	\$21.00	\$6.30	\$1.89	70	\$3.06				
80	\$16.00	\$3.20	\$0.64	80	\$2.04				
90	\$9.00	\$0.90	\$0.09	90	\$1.02				